

Survey

To help guide Maine DEP and your municipality's efforts to protect the waters in your town (neighborhood), we will be, from time to time, surveying municipal employees to see how we are doing. Your responses will be used (in) to guide(ing) our programs. Thank you for taking the time to fill out this survey.

1	For each of the items below, please indicate how clean you think the water is. (Mark one box for each item.)					
		Excellent	Good	Fair	Poor	Don't know
	In my opinion the water in the small streams in my neighborhood is					

2	In your opinion, how much of an impact does each of the following have on how clean is the water is in your home town. (Mark one box for each item.)						
		Severely affects water quality	Moderate effect on water quality	Slight effect on water quality	Does not affect water quality	Does not apply	Don't know
	A. Pet waste						
	B. Fertilizer						
	C. Industrial discharges						
	D. Little or no natural vegetation along stream corridors						
	E. Municipal wastewater discharges						
	F. Pesticides						
	G. Petroleum products like spilled gas or oil dripping from cars						
	H. Septic systems						
	I. Road and Parking lot runoff						
	J. Soil erosion						

3	Please check the box that best applies to you or your household.						
		Don't have a lawn	Never	Once/year or less	2 times/year	3 times/year	More than 3 times/year
	A. We fertilize the lawn.						

4	Check all that applies to you or a member of your household.	
		Applies
	A. We use fertilizer on my property.	
	B. We use weed and feed fertilizer.	
	C. We use phosphorous free fertilizer.	
	D. We use pesticides in my yard, garden or on fruit trees.	

5	Presently how do you dispose of common household products such as left over paint or paint thinner, unused gasoline, pesticides, cleaning products or solvents. (Check each that apply)	
		Applies
	A. Dump down drain or flush down toilet	
	B. Pour on ground	
	C. Pour down storm sewer/drain	
	D. Put in trash	
	E. Let air dry then put in trash	
	F. Drop off at household hazardous waste collection site	
	G. Store it/hold on to it - for now	
	H. Drop used or old motor oil at local garage	
	I. Share or give left over product to friends or family	
	J. Avoid purchasing hazardous household products	

6	Which of the following <u>best</u> describes what happens during a heavy rain or snowmelt at your residence. (Only check one).	
		Best Describes
	A. Almost all of the water soaks into the ground and does not leave the property.	
	B. Some may soak in but most flows into a <u>ditch</u> or onto the road which then discharges to local waters.	
	C. Some may soak in, but most flows to a <u>storm drain</u> and is then treated.	
	D. Some may soak in, but most flows to a <u>storm drain</u> which discharges to local waters untreated.	
	E. Some may soak in and some runs off directly into local waters.	
	F. I don't know where the rain water goes.	

7	Which of the following correctly describes the storm and sanitary sewer system in your home town. Check the box that applies	
		Applies
	A. In my home town, the storm sewer and sanitary sewer system are the same.	
	B. In my home town, the storm sewers are separate and different from the sanitary sewer system.	
	C. In my home town, the stormwater in the storm sewer is treated.	
	D. Don't know.	

8

What actions, if any, do you take specifically to reduce water pollution in your neighborhood or municipality?

I can't think of anything I personally do to reduce water pollution.

I do the following to reduce water pollution:

9

For each of the items below, check the box(es) that apply.

	Applies
A. I live in a watershed.	
B. I have shorefront property.	
C. I rent but maintain the yard.	
D. I rent and someone else maintains the yard.	
E. I own a house or condo and do my own yard work.	
F. I own a house or condo but hire a lawn care service.	
I. My wastewater goes to a septic system.	
J. My wastewater goes to municipal wastewater system.	

10

Which municipal department do you work for? (check the one that best applies)

	Best Applies
A. Public Works/engineering	
B. Education/Librarian	
C. Wastewater or Drinking water	
D. Parks and Recreation	
E. Administration/Finance/Municipal official	
F. Planning & CEO	
G. Police/Fire/Public Safety	

11	Are you male or female? Male <input type="checkbox"/> Female <input type="checkbox"/>
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12	How old are you? (Mark the box that applies)										
	<table border="1"> <tr> <td>Under 18 yrs</td> <td>18 to 24 years</td> <td>25 to 34 years</td> <td>35 to 54 years</td> <td>55 yrs or older</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Under 18 yrs	18 to 24 years	25 to 34 years	35 to 54 years	55 yrs or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 18 yrs	18 to 24 years	25 to 34 years	35 to 54 years	55 yrs or older							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

13	What is the highest level of education you have completed? (Mark the box that applies)														
	<table border="1"> <tr> <td>Some high school</td> <td>Graduated High school</td> <td>Some college or technical school</td> <td>Graduated technical school</td> <td>Graduated college</td> <td>Postgraduate work or degree</td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Some high school	Graduated High school	Some college or technical school	Graduated technical school	Graduated college	Postgraduate work or degree	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some high school	Graduated High school	Some college or technical school	Graduated technical school	Graduated college	Postgraduate work or degree	Other									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

14	<p>Please indicate which city or town you work and live in.</p> <p>I <u>live</u> in city/town: <input type="text"/></p> <p>I <u>work</u> in city/town: <input type="text"/></p>
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Thank You!

How to return your survey: